

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

Serial No. **097202791** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	①					
5	①					
6	①					
7	①					
8	②					
9	④					
10	③					
11	④					
12	④					
13	④					
14	④					
15	1					
16	1	1	1	1		
17	1	1	1	1		
18	1	1	1	1		
19	①	1	1	1		
20	①	1	1	1		
21	①	1	1	1		
22	①	1	1	1		
23	①	1	1	1		
24	①	1	1	1		
25	②	1	1	1		
26	②	1	1	1		
27	①	1	1	1		
28	①	1	1	1		
29	①	1	1	1		
30	①	1	1	1		
31	1	1	1	1		
32	1	1	1	1		
33	1	1	1	1		
34	①	1	1	1		
35	①	1	1	1		
36	①	1	1	1		
37	⑥	1	1	1		
38	④	1	1	1		
39	②	1	1	1		
40	④	1	1	1		
41	②	1	1	1		
42	④	1	1	1		
43	④	1	1	1		
44	④	1	1	1		
45	1					
46						
47						
48						
49						
50						
TOTAL IND.	4		2			
TOTAL DEP.	39	25	27			
TOTAL CLAIMS	43		27			

*	*	*	*
IND.	DEP.	IND.	DEP.
51			
52			
53			
54			
55			
56			
57			
58			
59			
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96			
97			
98			
99			
100			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			